

Arizona Department of Environmental Quality
Drinking Water Aroclor Analysis Report
*** Samples To Be Taken At POE Only ***

System ID _____ System Name _____
_____: _____ (24 hr Clock) _____
Sample Date Sample Time Owner/Contact Person _____

Owner/Contact Fax Number Owner/Contact Phone Number

Sample Type
☐ Compliance Monitoring

Sample Collection Point
☐ Point of Entry# _____

Sampling Site ID _____

***** AROCLOR (PCBs SCREENING TEST) *****
>>>To be filled out by laboratory personnel<<<

| Analysis Method | Reporting Limit | Contaminant Name | Cont. Code | Analysis Run Date | Result | Exceeds** Reporting Limit |
|-----------------|-----------------|------------------|------------|-------------------|--------|---------------------------|
| _____ | 0.00008 | Aroclor 1016 | 2388 | _____ | _____ | <input type="checkbox"/> |
| _____ | 0.02 | Aroclor 1221 | 2390 | _____ | _____ | <input type="checkbox"/> |
| _____ | 0.0005 | Aroclor 1232 | 2392 | _____ | _____ | <input type="checkbox"/> |
| _____ | 0.0003 | Aroclor 1242 | 2394 | _____ | _____ | <input type="checkbox"/> |
| _____ | 0.0001 | Aroclor 1248 | 2396 | _____ | _____ | <input type="checkbox"/> |
| _____ | 0.0001 | Aroclor 1254 | 2398 | _____ | _____ | <input type="checkbox"/> |
| _____ | 0.0002 | Aroclor 1260 | 2400 | _____ | _____ | <input type="checkbox"/> |

>>>Laboratory Information<<<
To be filled out by laboratory personnel

Specimen Number _____

Lab ID Number: _____ Name: _____

Comments: _____

Authorized Signature: _____

Date Public Water System Notified: _____

All units must be reported in milligrams per liter (mg/L)

** If any reporting limit is exceeded, then further testing for Decachlorobiphenyl must be performed.

DWAR 3A: Revised 2003